

Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172
1-800-305-2042 or 502-329-7000
Website: <http://kbn.ky.gov>

CERTIFICATE OF LICENSURE/REGISTRATION ORDER FORM

OFFICE USE ONLY

Complete (**type or print**) the following information to order a licensure/registration certificate (8 1/2" x 11") suitable for framing. The cost is \$30 per certificate to be paid by check or money order, payable to the Kentucky Board of Nursing.

Please allow 6-8 weeks for delivery.

Licensee's Last Name:

First Name:

Nursing License #:

*** Required**

Mailing Address: Street

City

State

Zip

Daytime Phone #:

E-Mail Address (If Applicable) – Include Punctuation in a Separate Box:

Number of Certificates Wanted: (\$30 each)

Amount Enclosed: \$.00

Mail this order form, along with the appropriate fee, to the following address:

Certificate Request
Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172

IM USE ONLY

KY Lic. Date: _____ Date Order Received: _____ Date Order Completed: _____ Completed By: _____